

RESOURCE FAMILY INITIAL APPROVAL

RESOURCE FAMILY INFORMATION

NAME: _____ ASSIGNED SOCIAL WORKER: _____
 ADDRESS: _____ APPROVAL DATE: _____

INITIAL APPROVAL GUIDELINES

All Resource Family homes are required to have an initial approval after all home environment and permanency assessment activities have been successfully completed to ensure compliance with Resource Family Approval standards [Welfare and Institutions Code section 16519.5(c)(1)].

REVIEW

<input type="checkbox"/> Orientation Attended <input type="checkbox"/> Yes or <input type="checkbox"/> No Date: _____	Comments: _____
<input type="checkbox"/> Documents Received [Resource Family Approval Written Directives Section 5, subsection 05-03(d)(1-7)] <input type="checkbox"/> RFA-01(A) Resource Family Application <input type="checkbox"/> Supporting Documentation ___ Proof of Identity ___ DMV Reports ___ Health Screen ___ TB Certificate ___ Employment Verification ___ Income Verification ___ Verification of Property Ownership or Lease/Rental Agreement ___ History as Licensed, Approved Caregiver, or Employee, Volunteer, or Licensee of Community Care Facility <input type="checkbox"/> RFA-01(B) Resource Family Criminal Records Statement	Comments: _____
<input type="checkbox"/> Personal Interviews Completed [Resource Family Approval: Written Directives Section 6, Subsection 06-04(a-d)]	Applicant #1: Date: _____ Date: _____ Date: _____ Applicant #2: Date: _____ Date: _____ Date: _____ Comments: _____

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<input type="checkbox"/> Fire Clearance* Not Applicable <input type="checkbox"/> *Required if applicant will provide care for: 1) a child or nonminor dependent who is non-ambulatory, or 2) more than six children or nonminor dependents in the home. Resource Family Approval Written Directives Section 6, subsection 06-03.4(a)(1-2)]	Comments:
<input type="checkbox"/> Household Composition* Names of all adults living in the home: 1. _____ 2. _____ 3. _____ *Required for each adult living in the home [Welf. & Inst. code § 16519.5(d)(1)(A)(i)-(iii)] Using RFA-01(B)	See attached Form RFA-02
<input type="checkbox"/> Risk Assessment Completed* *Using Form RFA-04	Comments:
<input type="checkbox"/> Additional Activities and Tools [Resource Family Approval Written Directives Section 6, subsection 06-01(a)(3) include, but are not limited to, such items as reports from licensed health professionals or psychologists.]	Comments:
<input type="checkbox"/> Written Assessment Completed [Resource Family Approval Written Directives Section 6, Subsection 06-06(d)(1-15)]	Comments:

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Training Completed

[Resource Family Approval Written Directives Section 6, subsections 06-05(a-d)]

____ CPR/FirstAid Certificate

Applicant #1: Pre-Approval
Comments:

Applicant #2: Pre-Approval
Comments:

I certify that this applicant **has** met the standards for Resource Family Approval.

I certify that this applicant **has not** met the standards for Resource Family Approval.

Social Worker Signature: _____

MONTH/DATEYEAR

Supervisor Signature: _____

MONTH/DATEYEAR

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EVALUATION AND RECOMMENDATION

***Provide a summary, analysis, and determination of the applicant(s) ability to foster, adopt, or provide legal guardianship based on all the information gathered through the approval process. (Content shall support recommendation.)**

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County of _____

Home:

Effective Date:

Capacity:

In accordance with applicable provisions of the Welfare and Intuitions Codes section 16519.5 and the Resource Family Approval Program Written Directives, the County of _____ has issued

this Approval to

to provide a

Resource Family Home

at

This Approval is not transferable and is granted solely for the following:

Authorized Representative of Approval Agency

PLEASE KEEP ON FILE IN RESOURCE FAMILY HOME